	Att rney Dock t Numb r	4001-0012 (ZM0544)
DECLARATION FOR UTILITY OR DESIGN	First Named Inv nt r	Michael E. Hawkins
PATENT APPLICATION	COMPLETE	F KNOWN
(37 CFR 1.63)	Application Number	·
Declaration Declaration	Filing Date	
Submitted OR Submitted after Initial	Art Unit	· · · · · · · · · · · · · · · · · · ·
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	· · · · · · · · · · · · · · · · · · ·

	required)	Examiner Name								
As the below named inventor, I here	eby declare that:	 								
My residence, mailing address, and citizenship are as stated below next to my name.										
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
POROUS IMPLANT WITH A DRIED, LUBRICIOUS WHEN WET,										
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	(Title of the la	Invention)	<u> </u>							
the specification of which	·	·								
is attached hereto										
OR [
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International						
Application Number	and was amend	ed on (MM/DD/YYYY)		(if applicable).						
I hereby state that I have reviewed and	d understand the contents of	of the above identified speci	ification, including t	he claims. as amended by						
any amendment specifically referred to	above.									
I acknowledge the duty to disclose info applications, material information which international filing date of the continual	h became available betwee	o patentability as defined in en the filing date of the prior	37 CFR 1.56, inclu application and the	ding for continuation-in-part anational or PCT						
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(a States of America, listed below and h breeder's rights certificate(s), or any claimed.	 a) of any PCT international ave also identified below. 	I application which designate by checking the box, any formal transfer in the box.	ited at least one co preign application f	ountry other than the United or patent, inventor's or plant						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application pur	mhare are listed on a sunnic	emental priority data sheet	PTO/SR/02B attack	ned hereto:						

[Page 1 of 2]

DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: Customer Number or Bar Code Lab			OR 🗸 Corr	espondence address below
Gerald W. Roberts				
Name				
Indiano, Vaughan & Roberts, P.A.				
Address One North Pennsylvania Street, Suite	e 850			
Indianapolis		India	ana	46204
City		State		ZIP
U.S.A.	317)822-0033	-		(317)822-0055
Country	ephone			Fax
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NAME OF SOLE OR FIRST INVENTOR :	A petition h	as bee	en filed for this unsign	ed inventor
Given Name Michael E. (first and middle [if any])		Family or Sur	Hawkins Name name	
Inventor's Mushaell (far his	,		Date 7/9/0]
Columbia City	Indiana		U.S.A.	U.S.A.
Residence: City	State		Country	Citizenship
Mailing Address 2350 West 350 South				1
Columbia City	Indiana		46725	U.S.A.
City	State		ZIP	Country
NAME OF SECOND INVENTOR:	A petition has	s been	filed for this unsigne	d inventor
Given Name Steven J. (first and middle [if any])		Family or Sun		
Inventor's Signature				Date
Goshen Residence: City	Indiana State		U.S.A.	U.S.A. Citizenship
1504 South 8th Street	Joine		Country	Ciuzensinp
Mailing Address				
Cashan	Indiana		46526	116 4
Goshen City	State		ZIP	U.S.A. Country
		onal Inve	entor(s) sheet(s) PTO/SB/	<u> </u>

Michael E. Hawkins

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTI	LITY OR	First Named Inventor	Michael E. Ha	wkins
DESIGN		COMPLE	TE IF KNOWN	
PATENT APPLICAT	ION	Application Number		
(37 CFR 1.63)				
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Declaration OB Subr	nitted after Initial g (surcharge	Art Unit		
with Initial (37)	CFR 1.16 (e))	Examiner Name		
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s the below named inventor, I hereby d	eclare that:			
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DECLARATION — Utility or D sign Patent Application OR Correspondence address below **Customer Number** or Bar Code Label Direct all correspondence to: Gerald W. Roberts Indiano, Vaughan & Roberts, P.A. Name One North Pennsylvania Street, Suite 850 46204 Indiana Address ZIP (317)822-0055 Indianapolis (317)822-0033 Fax City I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Hawkins Family Name Michael E. or Surname Given Name (first and middle [if any]) Date U.S.A. inventor's U.S.A. Signature Indiana Citizenship Country Columbia City State Residence: City 2350 West 350 South 46725 U.S.A. Mailing Address Indiana Country ZIP Columbia City A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Charlebois Family Name Given Name Steven J. or Surname (first and middle [if any]) Inventor's U.S.A. Signature Indiana Citizenship Country Goshen State Residence: City 1504 South 8th Street 46526 U.S.A. **Mailing Address** Country Indiana ZIP _supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Goshen City Additional inventors are being named on the

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 (four) forms are submitted.

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